PLACE OF DEATH STATE OF MARY CERTIFICATE OF DEA County. Registration Dist. No. CORD Ward) (if death occurred im a hospital or institution, give ite NAME instead of street and number.) PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. OR DIVORCED may Write the word) (Dav) I HEREBY CERTIFY. That I attended the deceased that I last saw h ... alive on ... (Dav) (Year 7 AGE and that death occured on the dats stated above, at ... IIf LESS than I day hrs. The CAUSE OF DEATH \* was as follows: THI ED ds. or min.? 8 OCCUPATION RESERV (a) I rade, profession or particular kind of work (b) General nature of industry business, or establishment in which employed or (employer) ARGIN 9 BIRTHPLACE Contributory (State or country) Secondary (Duration) 10 NAME OF FATHER 0 11 BIRTHPLACE 02 Z \*State the Discaso Causing Death, or, in deaths from Violent Causs, state (1) Means of Injury and (2) whether (State or country) Accidental, Suicidal or Homicidal. œ 12 MAIDEN NAME 18 LENGTH OF RESIDENCE (For hospitals, Institutions, Transients or Recent Residents) 13 BIRTHPLACE At place OF MOTHER In the of death . yrs...... ds. State yrs mos ds. (State or country) Where was disease contracted, if not at place of death? usual residence. (Informant) 19 PLACE OF BURIAL OR REMOVAL Every CIANS staten DATE OF BURIAL Address Registre If more beanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

er," et ...
laborer, Farm
ut home, should be used only when needed. As examples: (a) additional line is provided for the latter statement; i sary to know (a) the kind of work and also (b) the the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of f disess of various pursuits can be known. The ques-Statement of Occupation-Precise statement of ocstate occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed laborer, Farm lethorer, Laborer—Coal mine, etc. Women at home, we are engaged in the duties of the homehold only in the paid Househeepers who receive a worked on may form part of the second statement. Never return 'Laborer,'" Foreman," "Manager," 'Deal-Spinner, (b) Cotton mill; (o) Salesman. nature of the business or industry, and therefore an cases, especially in industrial employments, it is neces Coul engineer, Stationary foreman, etc. But in many whatever, write Nonc. business, that fact may be indicated thus; Farmer (reto report specifically the occupations of persons enployed, as At school, or At home. Care should be taken definite salary), may be entered as Housewife, Houseution is very important, so that the relative health Foreman, (b) Automobile factory. The material For many occupations a single word or term on or At Home, and children, yrs). without more precise specification as Day Compositor, Architect, Locomotive engineer For persons who have no occupation not gainfully em-(b) Grocery,

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. E.:amples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphilheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

discident; Revolver wound of head-homicide; Poisoned by can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage as "PJERPERAL septicacania," ""DERPERAL perilondis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy,"
"Exhaustion," "Heart failure," "Haemorrhage,"
"Inanition," "Marasmus," "Old Age," "Shock,"
"Uruemia," "Weakness," etc., when a definite disease as fracture of skull, and consequences (e.g., sepsis, telanius) may be stated under the head of "contributory" carbolic acid-probably suicide. The nature of the injury, tions, such as "Asthenia," "Annemia" (merely symptomstited unless important. Example: Measles: (disease and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDA., causing death), 29 ds.; Brouchopneumonia (secondary), use of "Tumor" or as probably such, if impossible to determine definitely State cause for which surgical operation was under-Chro : c interstitud nephritis, unqualified, is indefinite); Tuberculosis of lungs, men-American Medical Association.) approved Examples: Accidental drowning; Struck by railway train secondary Recommendations on statement of cause of death "Atrophy." "Collapse," "Coma," peritonaeum, etc., Carcinoma, Sarcoma, Never report mere symptoms or terminal condi-. (name FOR VIOLENT DEATHS STATE MEANS OF INJUNY by cough; or intercurrent) affection need not be Committee on Nomenclature origin; "Cancer" is less definite; avoid for malignant neoplasms); Measles; Chronic etc. The contributory valeular heart disease; ", "Convulsions, etc., of

If this certificate is toked over thoroughly and all questions answered in defail, it will prevent further correspondence. The data is essential and must be obtained before the cartificate is permanelly filed.

PHYSICIANS should state ECORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. H UNFADING INK-THIS IS A PERMANEN CAUSE OF DEATH in plain terms, so that it may be properly classified. FOR BINDING TION is very important. See instructions on back of certificate. MARGIN RESERVED mation should be carefully supplied. AGE should be N. B.-WRITE V. S. No. 1

1. PLACE OF DEATH			(3)	//	67
County Garrett				Registration Dist. No.	
Village or City Underu	rood		No.	St.,_ ution, give its NAME instead of street an	Ward
Length of residence in city entown where de	eath oecurred	yrs,, mos		of foreign birth?yrs	
2. FULL NAME (h)	96	abeth	Dunt		
	J. C. My		01 11 1		
(a) Residence: No.	(Usual place of	of abode)	St.,Ward.	If nonresident give city or town a	nd State
PERSONAL AND STATISTIC	CAL PARTIC	CULARS	MEDICAL C	ERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE		(write the word)	21. DATE OF DEATH	11e/5 23	193 2
5a. If married, widowed, or divorced HUSBAND of	- Juliu			(Month) (Day)	(Year)
(or) WIFE of			22. I HEREB	Y CERTIFY, That I attend	ed deceased 1
77	7 72	1932		, 193 2 , to SX'// Bit	¥4, 19
6. DATE OF BIRTH (month, day, and year) / 2 7. AGE / Years Months	b. 23,	If LESS than	I last saw h alive on	245D	==== death is said
Sillborn	Days	1 day,hrs.	The PRINCIPAL CAUSE OF DEA		
8 Trade profession or particular	1	ormin.	were as follows:	·f 11	Date of onset
8. Frade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc			Promotunas	- 14 a mankman	2/21/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc				rupture membranes. The of pregnames	
				A . P. p. 57 . 57 .	
this occupation (month and	11. Total tir	ne (years) tin this			
year)	l occul	pation	Other Contributory Causes of imp	ortance:	
12. BIRTHPLACE (city or town) Unue (State or country)	rwood	1			
	10/0	md.			
13. NAME Vohn 13 and 14. BIRTHPLACE (city or town). Gran	ora D	urst			
(State or country)	utsurl	-e	Name of operation	Date of	
(State of country)	inia D	ma.	What test confirmed diagnosis?	Was there a	
	can 10	arkman		uses (VIOLENCE) fill in also the follow	ing:
E (State or country)	derwo	Ad The	Accident, suicide, or homicide?		
(State of Country)	4	rud.		(Specify city or town, county and S	itate)
(Address)	ursi		Specify whether injury occurred i	in INDUSTRY, in HOME, or in PUBLIC	PLACE.
(Address)  18. BURIAL, CREMATION, OR REMOVAL	in, mi		Managaria S/JLA	ed rfell to grou	wed -
	Spote Feb	24,1932		membranes ru	
19. UNDERTAKES Boldens (Addiess) Oalslan	1 411	S	24. Was disease or injury in any v	way related to occupation of deceased?.	U.
20. FILED 2/25 1932 Em	un C &	naffer	If so, specify (Signed)	rold Mus	elev M. D
	1-	Registrar.	(Address)	glan, W.V	A

CEDTICIOATE OF DEATH

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Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	15	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MAR 3 1932	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
	31			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

(Year)

That I attended deceased from

(Address)

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year	
Canstones	May 1,1320	Crash benediates	1 year	

PHYSI. PLACE OF DEATH properly classified of certificate. EXACTLY, be stated PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE FOR BINDING terms so that it may be ee instructions on back MARRIED. WIDOWED.
OR DIVORCED
(Write the word) pinous (Month) (Day) (Year 7 AGE IIFLESS than UNFADING INK---THIS supplied I day hrs. MARGIN RESERVED 8 OCCUPATION
(a) I rade, profession or particular kind of work carefully H in plain (b) General nature of industry Important. business, or establishment in which employed or (employer) 9 BIRTHPLACE (State or country) 10 NAME OF CAUSE O 11 BIRTHPLACE PARENTS OF FATHER CIANS should state CAUSI statement of OCCUPATION of Information (State or country) 12 MAIDEN NAME MOTHER 13 BIRTHPLACE OF MOTHER (State or country) TRUE TO THE BEST Item

(Informant)

(Address

STATE OF MARYLAND

Registration Dist. N

If more blanks are needed, address State Registray, 16 W. Shratoga St., Balto., Requesting V. S. No. 1.

CERTIFICATE OF DEATH

			***************************************
erge	St:	Ward)	(if death occurred is a hospital or institu- tion, give its NAME in stead of street and number.)
MEDICAL	L CERT	FICATE O	F DEATH
16 DATE OF DEATH	(N	Lonth)	4 , 192 2 (Year)
man Long	ERTIFY,	to Offe	nded the decessed from
that I last saw h.	alive on	Jan	- 7/- 100 1
and that death occured	on the d	ats stated a	bove, at 10. Tem.
The CAUSE OF DEATH	* WAS AS	foliows:	
Gleste Glive Scterus gravis me	1	*******************************	
Contributory Secondary	1898 NO NO NO NO 190 O O O O O O O O O O O O O O O O O O O		market need to the second need t
Heb. 4 1922 (	(Address)	Lyra Lyra Lyna	mid leeu
*State the Disca Violent Caus s, state Accidental, Suicidal or l	se Causir (1) Mei Homicidal.	ng Peath, ans of Inju	or, in deaths from ry and (2) whether
18 LENGTH OF RESID	ENCE (F	er hospital	s, Institutions, Trans-
At place of death yrs mos.	ds.	In the State	yrsmosds.
Where was disease contracte if not at place of death?	ed,		
Former or usual residence	************		
19 PLACE OF BURIAL O	R REMOV	AL .	FILL 4. 1932
20 UNDERTAKER			Charce

4. No. 1

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(Approved by U. S. Census and American Public Health Association.)

er," etc., without more precise specification as Lay taborer, Ferm leborer, Laborer—Coul mine, etc. Women at home, with all engaged in the duties of the Spinner, (b) Collon mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The material should be used only when needed. As examples: (a) additional line is provided for the latter statement; it tion applies to each and every person, irrespective of fillness of various pursuits can be known. The quescupation is very important, so that the relative healthwhatever, write None. tired 6 yrs). For persons who have no occupation state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. gaged in domestic service for wages, as Servant, Cook, definite salary), may be entered as Housewife, House Never return 'Laborer,""Foreman,""Nanager,""Dealworked on may form part of the second statement. nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the eases, especially in industrial employments, it is neces-Civil engineer, Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (re-Housemaid, etc. If the occupation has been changed to report specifically the occupations of persons enployed, as At school, or At home. Care should be taken household only most paid Housekeepers who receive a Physician, Compositor, Architect, first line will be sufficient, e. g. Farmer or Planter, or At Home, and children, not gainfully em-For many occupations a single word or term on Stationary fireman, etc. Locomotive engineer, But in many

Statement of Cause of Death—Name, first, the DISALEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

American Medical Association.) "Inanition," "Marasmus," "Old Age,
"Inanition," "Weakness," etc., when a definite disease "Debility" ("Congenital," "Senile," ctc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, as fracture of skull, and consequences (c. g., sepsis, totanus) may be stated under the head of "contributory" stated unless important. inges, perilonueum, etc., Carcinoma, Sarcoma, accident; Revolver wound of head-homicide; Poisoned by and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, State cause for which surgical operation was under-"PJERPERAL septicaemia," "PUERFERAL perilonitis," etc. diseases resulting from childbirth or miscarriage as tions, such as "Asthenia," "Anaemia" (merely symptomeausing death), 29 ds.; Bronchopneumonia (secondary), (secondary Chronic interstitial nephritis, Whooping cough; use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, menapproved by Committee on Recommendations on statement of cause of exrbolic acid-probably suscide. The nature of the injury, or as probably such, if impossible to determine definitely taken. FOR VIOLENT DEATHS state MEANS OF INJUNY Examples: Aecidental drowning; Struck by railway train .... (name origin; "Cancer" is less definite; avoid "Atrophy" "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic Example: Measles (disease ete. The contributory valvular heart disease; Nomenelature etc., of

If this certificate is 1 oked over thoroughly and a I que tions answered in detail, it will prevent further correspondence. The data is essential and must be obtained before the certificate is permanently filed.

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	Every CIANS ement
	RD. YSI stat
•	ECO PH Sxact
	<b>D</b> : "
MARGIN RESERVED FOR BINDING	N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANEN ECORD. Every item mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS sho CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of C
R B	A PE ted E
F	IS sta pro
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No. 1	S E S
V. S. No. 1	Z.
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Length of residence in city or town where death occurred yrs. most dis. How long in U. S. H of foreign birth?  2. FULL NAME No II is a Cook of the coo	STATE OF MARY	LAND—CERTIFICATE OF DEATH 01693
Village or City Accidents  Length of residence in city or town where death occurred.  Length of residence in city or town where death occurred.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of foreign birth?  YES.  As flow long in U.S. if of	1. PLACE OF DEATH	(5)
Length of residence in city or town where death occurred	County Gaill	Registration Dist. No. / 67
Length of residence in city or town where death occurred.  2. FULL NAME.  Nellie E. Goehringer  (a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  SMEDICAL CERTIFICATE OF DEATH  1. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, NIDOWED, OR DIVOKCED (*enire the word)  (e) Wife of learning of which were supported (whosh)  (e) Wife of learning of which were supported (whosh)  1. SEX  1. AGE  1. Particle, profession, or particular  3. C. Track, profession, or particular  3. S. Track, profession, or particular  4. S. Track, profession, or particular  5. S. Track, profession, or particular  6. S. Track, profession, or particular  9. S. Track, profession, or particular  9. S. Track, profession, or particular  9. S. Track, profession, or particular  10. Salt of ordinary  11. Salt in the date static above, at	Village or City allident	
(a) Residence: No.  (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  OR DIVORCED (centre the word)  OR DIVORCED (centre the word)  OR DIVORCED (centre the word)  So. If married, widowed, or giverced (contreth)  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (Month)  (War)  1932. In Last Saw Married, widowed, or giverced (contreth)  (Or) WHE of Le La Land Land Last State of Last State	Length of residence in city or town where death occurred	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WINDOWED  OR DIVORCED (write the word)  The profession of giveneed HUSBAND of (Month)  Days  If LESS than to have occurred on the date stated above, at last saw hat a silve on the profession, or particular word, or with the profession, or particular word, or with the profession of particular word was done as SILK MILL.  SAWYER, BODKREPER, etc.  9. Indigator business in which work was done as SILK MILL. Available  SAWYER, BODKREPER, etc.  9. Indigator business in which work was done as SILK MILL. Available  SAWYER, BODKREPER, etc.  9. Indigator business in which work was done as SILK MILL. Available  SAWYER, BODKREPER, etc.  9. Indigator business in which work was done as SILK MILL. Available  SAWYER, BODKREPER, etc.  9. Indigator business in which work was done as SILK MILL. Available  SAWYER, BODKREPER, etc.  9. Indigator business in which work was done as SILK MILL. Available  SAWYER, BODKREPER, etc.  9. Indigator business in which work was done as SILK MILL. Available  SAWYER, BODKREPER, etc.  9. Indigator business in which work was done as SILK MILL. Available  SAWYER, BODKREPER, etc.  9. Indigator business in which work was done as SILK MILL. Available  SAWYER, BODKREPER, etc.  9. Indigator business in which work was done to external causes (VIOLENCO, fill in also the following: Accident, suicide, or homicide? Date of injury.  12. BIRTHPLACE (city or town)  (State or country)  What test confirmed diagnosis? Was there an autopay?  Accident, suicide, or homicide? Date of injury.  19. What edit injury occurred in INDUSTRY, in HOME, or to PUBLIC PLACE.  Manner of injury  Nature of injury  Nature of injury  Nature of injury  Nature of injury  19. What edit injury cocurred in INDUSTRY, in HOME, or to PUBLIC PLACE.  19. Was disease or injury in any yay yather, to occupation of deceased?  19. Was disease or injury in any yay yather, to occupation of deceased?  19. Say The Say	2. FULL NAME Nellie E. Goeh	inger
PERSONAL AND STATISTICAL PARTICULARS  J. SEX  4. COLOR OR RACE  OR DIVORCED Carrier the word  OR DIVORCED Carrier the word of the date stated above, at		
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HUSBAND of (or) WIFE of Le y Belsmagy  5. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than I day. hrs. or main.  3. Trade, profession, or participal state of the date stated above, at the participal state of the work was done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Indigatory or business in which work was done, as SILK MILL.  North Was done, as SILK MILL.  SAWYER, BOOKKEEPER, etc.  9. Indigatory or business in which work was done, as SILK MILL.  SAWYER, BOOKKEEPER, etc.  9. Indigatory or business in which work was done, as SILK MILL.  SAWYER, BOOKKEEPER, etc.  9. Indigatory or business in which work was done, as SILK MILL.  SAWYER, BOOKKEEPER, etc.  9. Indigatory or business in which work was done, as SILK MILL.  SAWYER, BOOKKEEPER, etc.  9. Indigatory or business in which work was done, as SILK MILL.  SAWYER, BOOKKEEPER, etc.  9. Indigatory or business in which work was done, as SILK MILL.  SAWYER, BOOKKEEPER, etc.  9. Indigatory or business in which work was done, as SILK MILL.  SAW MILL, BARK, etc.  11. SIRTHPLACE (city or town).  (State or country)  What test confirmed diagnosis?  Was there an autopsy?  21. It Again was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  19. UNDERTAKER  Manner of injury  19. UNDERTAKER  Manner of injury  19. UNDERTAKER  Manner of injury  Nature of injury  Natu	OR DIVORCED	write the word) Feb 44 1938
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7. AGE Vears Months Days II LESS than 1 day	le le youfing	1 Dec/ 193/ 10 Feb 32 1982
3 6  8. Trade, profession, or particular kind of work done; es SPINNER, SAWER, BOOKKEPR, etc.  9. Industry or business in which was done; as SSILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year)  11. Distance decessed last worked at this occupation (state or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city of flown)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, OREMATION, OR REMOVAL  (Address)  18. BURIAL, OREMATION, OR REMOVAL  (Address)  19. UNDERTAKER  19. 32  A. Paichter  20. FILED Text. 5 , 19 32  A. Paichter  Man.  11. The PRINCIPAL CAUSE OF DEATH end releted causes of importance were as follows.  Oate of onset  Oate of oase of importance  Oate of oase o	6. DATE OF BIRTH (month, day, and year) July 25	1895 I last saw hall alive on July 3, 1932; death is said
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19. UNDERTAKER Man Manual 24. Was disease or injury in any way related to occupation of deceased?  (Address) 4. Signed (Signed) (Signed) (Signed) (Signed) (Manual Company) (Signed) (S	18. BURIAL, OREMATION, OR REMOVAL.	Manner of injury
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STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH 1. PLACE OF DEATH OCCI pluods Registration Dist. No. County item Village or City. 30 (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_ mos. PHYSICIANS Length of residence in city or town where death occurred. ECORD. Ward (a) Residence: No. If nonresident give city or town and State (Usual place of abode) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) (Day) BINDING 5a. If married, widowed, or divorced HUSBAND of Y. That I attended deceased from (or) WIFE of 1903 6. DATE OF BIRTH (month, day, and year) certificate properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at FOR 1 day ..... hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or\_\_\_\_min. were as follows: 8. Trade, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. RESERVED Ju should back may 9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc .... 10: Date deceased last worked at 11. Total time (years) spent in this this occupation (month and that occupation ... instructions Other Contributory Causes of importance. 12. BIRTHPLACE (city or tow MARGIN (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town in plain (State or country)

carefully mation-should S. No. 1

important.

DEATH

OF

CAUSE

TION

19. UNDERTAKER

(Address)

MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) (Address) 18. BURIAL, CREMATION, OR REMOKAL

24. Was disease or injury in any way related to occupation of deceased If so, specify (Signed) (Address) \_\_

Manner of injury

Nature of injury.

Where did injury occur? ...

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Date of injury \_\_\_\_\_\_ 19

(Specify city or town, county and State)

193

(Year)

Date of onset

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIDL ENCE) fill in also the following:

Accident, suicide, or homicide?

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
NUREAU V.	3	4	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	Moy1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE	OF MARYLAND—	CERTIFICATE OF DEATH 0169:
1. PLACE OF DEATH	et.	m 4/1/
County & arre	M	Registration Dist. No.
Village or City	Caklan	No. 10.7. Oak St., W
Length of residance in city or town wh	// -/	ds. How long In U.S. if of foreign birth?
2. FULL NAME HARRY	ett Elizabeth	Kinggerell
(a) Residence: No.		St., Ward.
(1)	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATI	STICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH 29 193 2 (Year)
5a. If married, widowed, or divorced HUSBAND of		(month) (bay) (leaf,
(or) WIFE of Channer	7 Stanmell	22.   HEREBY CERTIFY That I attended docaasad i
7	mas 1 - 1 1526	10210 70 79 10
S. DATE OF BtRTH (month, day, and year)  AGE Yaars Months	Days If LESS than	Mast saw h aliva on
27 7	/ Q 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and rejated causes of importance
8. Trade, profession, or particular	/ 0   ormin,	wera as follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	House kee ker.	(Average loss
9 Industry or business in which		V. JOS JOS STORY
skind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc		
	11. Total time (years) spant in this	
year)	occupation	Other Coatributory Causes of Importance:
(State or country)	M. C 302 102-	
100		
13. NAME Sector S	1000 0 CT 1111	
(State or country)	in Novel	Name of oparation Data of
	· Loke ask . :	What test confirmed diegnosis? Wes there an eulopsy?
15. MAIDER NAME	- Chips Cu	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sarals 16. BIRTHPLACE (city or town) (State or country)	CALD.	Accidant, suicide, or homicide? Data of injury, 19
Ha . A	732.1043	Where did injury occur? (Specify city or town, county and State)
7. INFORMANT CARE CONTROL (Address)	a distribution of the state of	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	my polar	Manner of Injury
Placa Thuyerville	Date March 2, 1932	Natura of Injury
Parent	Balila	
19. UNDERTAKER AND AND CARRE	no col ner	24. Was diseasa or injury In any way related to occupation of deceased?
1/01 2/ 55	o P	(Signad) 717 O Heceboseen
20. FILED 1 (1997)	Registrar.	(Address) Care A MA
76.2		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

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The principal cause of death and related causes Date of onset of importance were as follows:			Example II		
			The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	agen E 1079	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BURRAU Y.	July 5,1927	Peritonitis	3 days ago	
	and the adjustment of the second				
Other contributory causes	of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

FOR BINDING

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PLACE OF		0 0
County Ba	wett	ma

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## STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Village or City	Under	(No	-		St.:Ward)	a nospical of institut
2FUI	LL NAME Will	ma 8:	Pessie	Knox	***************************************	tion, give Its NAME it stead of street and number.)
PERSON	NAL AND STATIST	ICAL PARTIC	CULARS	MEDICA	L CERTIFICATE	OF DEATH
Jemale 1	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED. OR DIVORCE (Write the wo	assigle rd)	16 DATE OF DEATH	et.	2 \( \), 1932
6 DATE OF BIR	TH Hece	21 (Day)	, 198/	17 I HEREBY C	ERTIFY, That I att	ended the decemed from U. 24, 198 V
7 AGE	yrs. S	mos. 21	If LESS than I day hrs. or min.?	and that death occurre The CAUSE OF DEATH		above, at
8/	ofession or d of work			Proncho-	Treumo	ur-
business, or es which employed BIRTHPLACE (State or could not be seen to be s	etablishment in ed or (employer) untry) Ohnde F Russell	y Ind	A	Contributory M. Secondary	(Duration) (Duration) (Address)	4 4
C State or 12 MAIDEN OF MOTH	NAME (Bana) ACE	Irene Ince	Havis Pa	18 LENGTH OF RESI- ients or Recent Resid At place of deathyrsnos	DENCE (Fer Hospit dents) In the	er, in deaths from jury and (2) Whether als, Institutions, Trans-
(Informant)	Russell (css) Vinde			Where was disease contractif not at place of deals?  Former or usual residence		POATE OF BURIAL
Filed 7	25 1826	UK Bar	Registrar	20 UNDERTAKER	Sharples	ADDRESS MAL

If more banks are needed, address tate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

gaged in domestic service for wages, as Servant, Cook, Housemaid, etc. If the occupation has been changed state occupation at heginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH. definite salary, may be entered as Housewife, House laborer, Farm luborer, Laborer-Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, (b) Cotton mill; (a) additional line is provided for the latter statement; if cases, especially in industrial employments, it is neceswhatever. write None. business, that fact may be indicated thus; Farmer (rework, or At Home, and children, not gainfully em-ployed, as At school, or At home. Care should be taken work, or At Home, er," etc., worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager." "Dealshould be used only when needed. As examples: (a) nature of the business or industry, and therefore an the first line will be sufficient, e.g., Farmer or Planter tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ochousehold only (not paid Housekeepers who receive a Physician, Compositor, report specifically the occupations of persons en-Foreman, (b) Automobile factory. The materia engineer, Stationary fireman, etc. But in many to know For many occupations a single word or term on yrs). without more precise specification as Day For persons who have no occupation (a) the kind of work and also (b) the Architect, Salesman. Locomolive engineer, (6) Gracery,

Statement of Cause of Death—Name, first, the Diseal Cause of Death—Name, first, the Diseal Cause of Cause of Death—Name, first, the Diseal Cause of Cause of the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebros; inal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

tetanus) may be stated under the head of "contributory." carbolic acid-probably suicide. The nature of the injury. accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. and qualify as ACCIDENTAL, SUICIDAL or HONICIDAL, taken. For violent deaths state means of injuly State cause for which surgical operation was under-"PUERPERAL septicaemia," "PUERPERAL peritonitis, can be ascertained as the cause. Always qualify all "Debility" ("Congenital," "Semile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, "Inanition," "Marasmus," "Old Age," "Shock, tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), stated unless important. American Medical Association.) approved Recommendations on statement of cause of as fracture of skull, Examples: Accidental drowning; Struck by railway traindiseases resulting from childbirth or miscarriage as "Uraemia," "Weakness," etc., when a definite disease (secondary or intercurrent) affection need use of "Tumor" ..... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-"Atrophy," "Collapse, perilonaeum, etc., Carcinoma, Sarcoma, etc., oi Never report mere symptoms or terminal condiinterstitial nephritis, by Committee on Nomenclature of the cough; for malignant neoplasms); Measles; Chronic valvular heart disease; and consequences (e.g., sepsis, Example: Measles (disease ," "Coma," "Convulsions, etc. The contributory not be

It this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

PLACE OF DEATH County Survette	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 166
Village or City Selbysfort (No. 2  2FULL NAME Lelia U. Li	St.: Ward)  (If death occurred in a hospital or institution, give its NAME in stead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH Hele. 5 , 198 2 (Month) (Day) (Year)
6 DATE OF BIRTH  April 17 , 19/1  (Month) (Day) (Year)	That I last saw help alive on the saw help a
7 AGE    State   State	s. The CAUSE OF DEATH * was as follows:
8 OCCUPATION (a) Trade, profession or particular kind of work (b) General nature of industry	acute nephralis
business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country) Gasset Counce	Contributory Carles June Constitution yes mos ds.  Contributory Carles June Carles Condary (Duration) by yes to mos ds.  (Duration) by yes to mos ds.
10 NAME OF FATHER W.A. Link	(Signed)
C (State or country)  12 MAIDEN NAME OF MOTHER CHINIC Shures  13 BIRTHPLACE	Violent Causes, state (1) Means of Injury and (2) Whether Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transients or Recent Residents)
OF MOTHER (State or Country)  14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of death yrs mos ds.  Where was disease contracted, if not at place of death?  Former or
(Informant) N. H. Lint (Address) Selley afrest with	usual residence.  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  Figh. 7, 193.
If more branks are needed, address State Registrar	20 UNDERTAKER  ADDRESS  Somewheeld.  Par, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

the first line will be sufficient, e.g., Farmer or Planter, tion amplies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocshould be used only when needed. As examples: (a). additional line is provided for the latter statement; it sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is neccs-Civil engineer, Stationary fireman, etc. er," etc., without more process cal minc, etc. Wom-laborer, Farm laborer, Laborer—Coal minc, etc. Womworked on may form part of the second statement. Never return "Laborer," "Foreman," "Nanager," "Deal-Spinner, (b) Cotton mill; (a) Salesman. (b) nature of the business or industry, and therefore an state occupation at beginning of illness. If retired from ployed, as At school, or At home. Care should be taken household only (not paid Housekeepers who receive a definite salary), may be entered as Housewife, Houseen at home, who are engaged in the duties of the business, that fact may be indicated thus; Farmer (fee or given up on account of the DISEASE CAUSING DEATH. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, to report specifically the occupations of persons enwhatever, write None. Foreman, For many occupations a single word or term on or At Home, and children, not gainfully emyrs). without more precise specification as Day Compositor, Architect, For persons who have no occupation (b) Automobile factory. The material If the occupation has been change Locomotive engineer, But in many Grocery;

Strtement of Cause of Death—Name, first, the DISEALL CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia");

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STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108
County Janes	Registration Dist. No. / 7 🎍
Village or City Avilton	NoSt.,Ward
Length of residence in city er town where death occurred 7.5. yrs	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of forelgn blrth?yrsmosds.
2. FULL NAME of incan of acties M	( Leuzel
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR DACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Daught Mckersie	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  / If LESS than	I last saw h And alive on And to heve occurred on the date stated above, at 2:304 m.
75- 8 25- 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8 Trade profession or particular	Lova Ineumania 4014
SAWYER, BOOKKEEPER, etc	
11. Total tima (years) this occupation (month and year)  year)	Other Contributory Causes of importance
12. BIRTHPLACE (city or town). (State or country)	arteriaselerasis
13. NAME LA REIGHE 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Aplan Sarlete 16. BIRTHPLACE (fit) or town) (Stata or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?, 19, 19, 19
17. INFORMANT MAN ON THE SUSSE	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Date Date All 1932	Manner of injury
19. UNDERTAKER (Address) A rants well a	24. Was disease or Injury in any way related to occupation of deceased?
20. FILED FIB 17, 1932 KIOB Brown. Registrar.	(Signed) (Address) Landsville Mah.

CTATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—kotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AR 4 1	1921	Run over by street car	1 week ogo	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
AUREAU V.S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gollstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

classified certificate. roper stated BINDING FOR CI --THIS MARGIN RESÉRVED Important. SE CF D Every Item of Information of CIANS should state CAUS statement of OCCUPATION V. S. No. 1

PLACE OF DEATH County Garett	STATE OF MARYLAND  CERTIFICATE OF DEATH  Registration Dist. No. 172
Village or City Shallman (No. 2FULL NAME Jachine France	St.: Ward)  St.: Ward)  a hospital or institution, give its NAME instead of street and number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH # 14 Fla. 1923 2 (Month) (Day) (Year)
6 DATE OF BIRTH  (Month)  (Day)  (Year)  7 AGE	17 I HEREBY CERTIFY, That I attended the deceased from
yrsds.   dayhrs. ormin.?	A STATE OF THE PARTY OF THE PAR
(a) Trade, profession or particular kind of work	Did not on this
(b) General nature of industry business, or establishment in which employed or (employer)  9 BIRTHPLACE (State or country)	Contributory Secondary
10 NAME OF Carle & Chopie	(Signed) (Signed) M. D.

7 / (Address) \*State the Disease Causing Death, er, in Violent Causes, atate (1) Means of Injury and Accidental, Suicidal or Homicidal. deaths from and (2) Whether

	18 LENGTH OF RESIDENCE	(For	Hospitals,	Institutions,	Trans
-	ients or Recent Residents)				
	At place		In the		

of deathyrsmosds.	Stateyrsmosds.
Where was disease contracted,	
if not at place of dea.h?	***************************************

Former or usual residence.

19 PLACE OF BURIAL OR REMO	
0101-	1 -
and your gre	人
20 UNDERTAKER A	

ATE OF BURIAL

15

PARENTS

11 BIRTHPLACE

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER

(Informant)

Filed

(State or country)

(State or country)

(Address)

If more blanks are needed, address ttate Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

Registrar

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. business, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH gaged in domestic service for wages, as Servant, Cook work, or At Home, and children, not gainfully emdefinite salary) may be entered as Housewife, Houselaborer, Form laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the duties of the Spinner, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the business or industry, and therefore an sary to know (a) the kind of work and also (b) the cases, especially in industrial employments, it is necesthe first line will be sufficient, e.g., Farmer or Planter, tion applies to each and every fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Housemaid, etc. If the occupation has been changed ployed. as At school, or At home. Care should be taken worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-Civil engineer; Stationary firemon, etc. But in many Physician, Compositor, Architect, Locomotive engineer, Statement of Occupation-Precise statement of octo report specifically the occupations of persons enhousehold only (not paid Housekeepers who receive a Foreman, (b) Automobile factory. The material For many occupations a single word or term on yrs). (b) Cotton mill; (o) Salesman, without more precise specification as Doy For persons who have no occupation person, irrespective of (b) . Grocery;

Strtement of Cause of Death—Name, first, the Dis-EASE (\*10SING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"; Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,")

> (etanus) may be stated under the head of "contributory." as fracture of skull, and consequences (e.g., sepers, approved by Committee on carbolic acid - probably suicide. The nature of the injury, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely "PUERPERAL seplicaemia," "PUERPERAL perilonilis," etc. "Inanition," "Marasmus," "Old Age," "Shock," "Debility" ("Congenital," "Semile," etc.), "Dropsy, "Exhaustion," "Heart failure," "Haemorrhage, stated unless important. Example: Meadles (disease ..... (name origin; "Cancer" is less definite; avoid inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of American Medical Association.) (Recommendations on statement of cause of death and qualify as ACCIDENTAL, SUICIDAL, or HOMICIDAL, taken. For VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was undercan be ascertained as the cause. "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), use of "Tumor" for malignant neoplasms); Measles; unqualified, is indefinite); Tuberculosis of lungs, nuen-Examples: Accidental drowning; Struck by railway troin (secondary or intercurrent) affection need Chronic interstitial nephritis, "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condicough; Chronic valvular etc. The contributory Nomenclature Always qualify all heart f'Dropsy, not be diseose;

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

B.-WRITE PLAINLY,

20. FILED ALL

W. S. No.

STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	
1. PLACE OF DEATH			$(r \mid x \mid 0)$	2
County Darrett		(46)	Registration Dist. No. 76	2
County De O	I mil	**		
Village or City Catalons	1 /	death occurred in a hospital or insti	tution, give its NAME instead of street and number	r) "Mata
Length of residence In city or town where death of	,		of foreign birth?mosmos	
2. FULL NAME Charles (	Paluin Me	mean		
(a) Residence: No. Qabland,		St., Ward.		
	(Usual place of abode)		If nonresident give city or town and State	
PERSONAL AND STATISTICAL	PARTICULARS	MEDICAL	CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. S.	R DIYORCED (write the word)	21. DATE OF DEATH	Fel. 9 193	2/ Year)
5a. If married, widowed, or divorced HUSBAND of				
(or) WIFE of V Clara Be	el Menear.	22. I HEREB	Y CERTIFY, That I attended decease 19 32, to Feb. 9" 1	ed from
9/10	24-1877	luast saw h Land alive on	Jan. 1932; deat	
6. DATE OF BIRTH (month, day, and year)	Days If LESS than	to have occurred on the data sta	//	10 3010
T. AGE	1 day, hrs.		ATH and related causes of importance	
1009	ormin.	were as follows:	Date	ofonset
8. Trade, profession, or particulat kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	armen	Carcinoma of the sign	roid Probable date of meet,	1920.
<a href="#"></a>		20-0 40 0	i julian william	
work was done, as SILK MILL, SAW MILL, BANK, etc		of the orange	mora the constant of the const	
U   10. Date deceased last worked et	11. Total time (years)	direction of theres	to I (describe)	
this occupation (month and year)	spent in this occupation			
Jena	11/2	Other Contributory Causes of in	portance:	
12. BIRTHPLACE (city or town) 11. Ma.	9000			
al and all and	menea			
		A.		
	ny	Name af oparation	Date of	
(State or country)	1	What test confirmed diagnosis?.	Was thera an autops	y?
15. MAIDEN NAME Mary E. VIII	denous	The state of the s	causes (VIOLENCE) fill in also tha following:	
6 16. BIRTHPLACE (city ar town) Cngle	nd	Accident, suicide, or homicide?.	Data of Injury,	19
(Stata or country)		Where did Injury occur?	(Specify city or town, county and State)	
17. INFORMANT Many & Men (Address) Jaklon	lan md	Specify whether injury occurred	I in INDUSTRY, In HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL	71	Manner of injury		
Piace Una Wita W. bg Da	netur 15. 1952	- Nature of injury		
8 (1	0 1 4		way related to anothering of decreed? 72 0	)
19. UNDERTAKER THE PARTY OF	caln	-	way related to occupation of deceased?	
(Address)		If so, specify	1/1/1/	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

(Signed)

(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, mackinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

I	Example I		Example II	
The principal cause of death and related causes Date of onset of importance were as follows:			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	PUREAU V.	July 5,1927	Perttonitis	3 days ago
Other contributory causes	s of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

mation should be earefully supplied. AGE should be stated EXACTL CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. -WRITE PLAINLY,

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02125
1. PLACE OF DEATH	
County of a relt 1	Registration Dist. No.
Village or City/Pakland, Md'	NoSt.,Ward
(If Length of residence in city or town where death occurredyrs,mos	death occurred in a hospital or institution, give its NAME instead of street and number)  ds, How long in U.S. if of foreign birth?
2. FULL NAME MARY Catherine	Phriese
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINCLE, MARRIED, WIDOWED. OR DIVORCED (WITH the word)  Fleshale  Sa. If married, widowed, or divorced.	21. DATE OF DEATH Fiel. 15 (Oay) (Year)
HUSBAND of (or) WIFE of John J. O'Brien	22. J. HEREBY CERTIFY. That I attended deceased from full. 15" 1932 to Tel. 15" 1932
6. DATE OF BIRTH (month, day, and year) Folg. 7, 1867	I lest saw h er alive on hel. 15" , 1932; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2.30 P.m.
65- 8 1 day, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or perticuler kind of work done, as SPINNER, House SAWYER, BOOKKEEPER, etc.	Embolim cerebral.
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month end	Histling of the bougar artery
11. Total time (years) this occupetion (month end spent in this occupetion	regeary and yours
lua ti	Other Contributory Causes of Importance:
(State or country)	
13. NAME Elisa Hacell	
13. NAME CLEGA Society of town) Subauton	Name of operation Date of
(State or country) Marelland	What test confirmed diagnosis? Was there an autopsy?
# 15. MAIDEN NAME DELELE WILL	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Selection 15. MAIDEN NAME Selection 16. BIRTHPLACE (city er town).	Accident, suicide, or homicide?
(State or country) Manyland,	Where did injury occur?
17. INFORMANT Classical Control of Control o	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place 10 14 Sladane Feb. 11. 1932	Manner of injury
5 100	Nature of injury
19. UNDERTAKER (Appress) Oakkand Ma	24. Was disease or Injury In any wey related to occupation of deceased?
20. FILED Fld. 16, 1937 Julia Roura. Registrar.	(Signed) A: (1) (1) (1) (1) (M. D. M. D. M
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as eivil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as earpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of eause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 02126
1. PLACE OF DEATH	95-8
County Garrett	Registration Dist. No.
Village or City Cakland, Ud (if	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ohy Fred Rei	irliardt,
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	21. DATE OF DEATH
Male A Color OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVERCED (write the word)	(Month) (Oay) (Year)
5a. If married, widowed, or divorced HUSBAND of	22, i HEREBY CERT!FY, That I attended deceased from
(or) WIFE of	was called - deside to when 19
6. DATE OF BIRTH (month, day, and year) M57), 4, 185-7	I last saw h alive on a larviewed, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
74 3 /5   1 day, hrs. or roin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Field Mouager	I attended deceased april 1931
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	arterio relevois hy pertrophy
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation	dilatution of heart.
12. BIRTHPLACE (city or town) West-Minster	Dther Contributory Canses of Importance:
(State or country) Paralle	
I 13. NAME John Reinhardt	
14. BIRTHPLACE (city or town) Services	Name ef operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIOEN NAME  16. BIRTHPLACE (city er town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT Downard Rainleardt (Address) Onland, Mainleardt	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cetures les Date feb. 22, 1932	Nature of injury
19. UNDERTAKER Turrof D. Bolder.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED LL. 100, 1937. Illea loward. Registrar.	(Signed) H. W. M. Wornas, M. D. (Address) Oasland Maryland,
	2411 N. Charles Street, Baltimore. Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
	.J		1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

IS	state	prop	Pertil
HIS	pe	pe	Ju
NK-T	pinous	it may	Joed no
I DNIC	AGE	so that	otions o
UNFAI	pplied.	terms,	inches
H	ully su	plain	4 500
B.—WRITE PLAINLY, WHY UNFADING INK-THIS IS	mation should be carefully supplied. AGE should be state	EATH in	TION is your important Soo instructions on back of certif
TTE PL	on should	SE OF I	Vic vor
BWR	mati	CAU	TIOIT

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH UTTUE
1. PLACE OF DEATH	10.1.0
County Larrett of	Registration Dist. No.
Village or City Mr. Lake Oarh Md.	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	
2. FULL NAME Minnie Sichardre	W
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Full 19 9 193 2 (Month) (Day) (Year)
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Gro Richards on	22. I HEREBY CERTIFY. That I attended deceased from
71 1/2 0	, 19, to
6. DATE OF BIRTH (month, day, and year)	I last saw h last saw h last said
7. AGE Years Months Days If LESS than 1 day, hrs.	to have occurred on the date stated above, at #1.4.5 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
orrain.	were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	12-moon was dead when
SAWYER, BOOKKEEPER, etc	- Werend:
work was done, as SILK MILL, SAW MILL, BANK, etc.	The last business as were true attendants
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date daceased last workad at this occupation (month and year)  year)  occupation	Bronchial primmonia
12. BIRTHPLACE (city or town Havmunt www.	Other Coutributory Causes of importance:
1	-
E	Name of operation Date of
14. BIRTHPLACE (city or town) (Stata or country)	What test confirmed diagnosis? Was there an autopsy? No
15. MAIDEN NAME are Surgerner	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME OF STATE OF THE	Accident, suicide, or homicide? Date of injury, 19
S (State or country)	Whera did injury occur?
17. INFORMANT Jed Niekenhothan	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL furment with	Manner of injury
wood lown Colon Date 1 th 2, 1932	Nature of injury
19. UNDERTAKER Faifmat Wy	24. Was disease or injury in any way related to occupation of deceased?
20, FILED IL 29, 1933, Whia Rowan Registrar.	(Signed) A. W. M. D. M. D. M. D. (Address) Oakland Maryland,
If more blanks are meeded address State Registrar	241 N Charles Street Beltimore Requesting TI S No .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 1932	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage RUEFAU V. S.	July 5,1927	Peritonitis	3 days ago
Other centributory causes of importance:		Other contributory causes of importanco:	
Gallstones	May 1,1923	Gastroenteritis	1 year

B.—WRITE

V. S. No. 1

61703

	1. PLACE OF DEATH	(940)
1	county of anell	Registration Dist. No. 170
	Village or City avelton	NoSt., Ward
-		death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
	2. FULL NAME 19 mala Robins	on
	(a) Residence: No. aviltor mid	St Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
	5a. If married, widowed or divorced HUSBAND of (or) WIFE of AREA Robison	22.   HEREBY CERTIFY That Lattended deceased from
e.	6. DATE OF BIRTH (month, day, and year) Nov. 30 1860	I last saw h. A alive on A A C 19 54 death is said
certificate	7. AGE Years Months Days if LESS than	to have occurred on the date stated above, at 5:00 Pm.
rtif	7/ 2   26   1 day,hrs.   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
of ce	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cinglina Pecloris Deta of onest
on back	9. industry or business in which work was done, as SILK MILL,	
	10. Data deceased last worked at this occupation month and year) 11. Total time (years) spent in this occupation occupation occupation	
instructions	12 BIRTURI (CF (city or love)	Other Contributory Causes of importence:
ruct	12. BIRTHPLACE (city or town) (State or country)	
nst	13. NAME Ceury of arlets	
See i	14. BIRTHPLACE (city or town)	Name of operation Date of
M	(State or country)	What test confirmed diagnosis? Was there an autopsy?
ant.	# 15. MAIDEN NAME LUCY MCKENGLE	23. If death was due to external causes (VIOLENCE) fill in also the following:
important.	0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19
imp	(State or country)	Where did injury occur? (Specify city or town, county and State)
ry	17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
is very	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
	Place Millost Date Delle 18, 1972	Nature of Injury
TION	19. UNDERTAKER In Vigiterfers	24. Was disease or injury in any way related to occupation of deceased? 2.0
1	(Address) A santwille of Mide	if so, specify
(	20. FILED TUSO 17, 1932 LED S BY DVE Registrar.	(Signed) M. D.  (Address) Adam Tarille 9/19.
-	Acgustat.	(nuison)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—kotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, ctc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	and the second	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

ADDITIONAL SPACE FOR F	URTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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MARGIN F	UNFADIN	aid be care
2	WRITE PLAINLY WITH UNFADIN	N. B Every item of information should be care
	WRITE PL	ry item of it
V. S. No. 1	(	N. B Eve

PLACE OF DEATH County County	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Dels Parals and	St.: Ward)  St.: Ward)  (If death occurred in a hospital or institution, give its NAME instead of number.)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED. WIDOWED. OR DIVORCED (Write the word)	16 DATE OF DEATH 2 - 5 , 1932
8 - 1 6 - 1 8 3 (Month) (Day) (Year)	17 I HEREBY CERTIFY, That I attended the deceased from 2 2 2 1922, to 2 2 1922 2 that I last saw halive on 2 2 2 1923 2
7 AGE    If LESS than   I day hrs.   or min.?   B OCCUPATION   (a) Trade, profession or particular kind of work	
(b) General nature of industry business, or establishment in which employed or (employer)	Contributory Secondary
10 NAME OF FATHER OF FATHER OF FATHER OF FATHER OF FATHER (State or country)	(Signed). (Address) M. D.  *State the Liscase Causing Death, or, in deaths from Vlolent Causes, state (1) Means of Injury and (2) Whether
12 MAIDEN NAME OF MOTHER Elas alella trefole that  13 BIRTHPLACE OF MOTHER (State or Country)	Accidental, Suicidal or Homicidal.  18 LENGTH OF RESIDENCE (For Hospitals, Institutions, Transfients or Recent Residents)  At place of death yrs
(Informant) (Address) All Market Mark	Former or usual residence  19 PLACE OF BURIAL OR REMOVAL  DATE OF BURIAL  ALERY Park Cemetra + Lt. 28, 19.32
Filed Feb. 2. 19132 (felle M. Makky Registrar)  If more banks are needed, address tate Registrar	20 UNDERTAKER  20 UNDERTAKER  20 UNDERTAKER  ADDRESS  Commercial Belleville V. S. No. 1.

(Approved by U. S. Census and American Public Health Association.)

state occupation at beginning of illness. If retired from whatever, write Nonc. tired 6 yrs). For persons who have no occupation gaged in domestic service for wages, as Servant, Cook Spinner, (b) Cotton mill; (a) Salesman, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it nature of the husiness or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many the first line will be sufficient, e. g., Farmer or Planter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quescupation is very important, so that the relative health-Statement of Occupation-Precise statement of ocbusiness, that fact may be indicated thus; Farmer (reor given up on account of the DISEASE CAUSING DEATH, Housenuid, etc. If the occupation has been changed ployed, as At school, or At home. Care should be taken work, or At Home, definite salary), may be entered as Housewife, House household only (not paid Housekeepers who receive a en at home, who are engaged in the duties of the worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Deal-(a) Foreman, (b) Automobile factory. The material sary to know cases, especially in industrial employments, it is necesto report specifically the occupations of persons enr," etc., For many occupations a single word or term on Farm laborer, Laborer-Coal minc, etc. Womwithout more precise specification as Day (a) the kind of work and also (b) the and children, not gainfully em-(6) Grocery;

Strtement of Cause of Death—Name, first, the DISEACE CAUSING BEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid Pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,"

tetunus) may be stated under the head of "contributory." approved by Committee on carbolic acid-probably suicide. The nature of the injury, stated unless important. Example: Measles (disease American Medical Association.) (Recommendations on statement of cause of death as fracture of skull, and consequences (e.g., sepsis, accident; Revolver wound of head-homicide; Poisoned by or as probably such, if impossible to determine definitely. taken. FOR VIOLENT DEATHS state MEANS OF INJULY State cause for which surgical operation was underdiseases resulting from childbirth or miscarriage as "PUERPERAL septicaemia," "PUERPERAL peritonitis," etc. "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," etc., when a definite disease tions, such as "Asthenia," "Anaemia" (merely symptomcausing death), 29 ds.; Bronchopneumonia (secondary), Chronic interstitial nephritis, use of "Tumor" for malignant neoplasms); Measles; inges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of ...... (name origin; "Cancer" is less definite; avoid unqualified, is indefinite); Tuberculosis of lungs, men-Examples: Accidental drowning; Struck by railway trainand qualify as ACCIDENTAL, SUICIDAL or HOMICIDAL, can be ascertained as the cause. Always qualify all (secondary Whooping cough; "Atrophy," "Collapse," "Coma," "Convulsions, Never report mere symptoms or terminal condior intercurrent) affection need not be Chronic etc. The contributory valvular heart disease; Nomenclature of the

If this certificate is looked over thoroughly and a'l qu stions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BINDING

(Approved by U. S. Census and American Public Health Association.)

business that fact may be indicated thus: Farmer (re state occupation at beginning of illness. If retired from or given up on account of the disease causing bearing to report specifically the occ pations of persons enwhatever, write None. Housemaid, etc. gaged in domestic service for wages, as Servant, Cook, ployed, as At school or At home. Care should be taken definite salary), may be entered as household only (not paid Housekeepers who receive a en at home. laborer, Furm laborer, Laborerworked on may form part of the second statement.

Never return "Laborer." "Foreman" "Manager." "Dealnature of the business or industry, and therefore an (a) Foreman, (b) Automobile factory. The material Spinner, (b) Cotton mill: (a) Salesman, (b) Groccry, should be used only when needed. As examples: (a) additional line is provided for the latter statement; it mary to know (a) the kind of work and also (b) the cases, especially in industrial employments. It is neces-Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fremen, etc. the first line will be sufficient, e. g., Farmer or Plunter, tion applies to each and every person, irrespective of fulness of various pursuits can be known. The quesexpation is very important, so that the relative health-Statement of Occupation Precise statement of oc For many occupations a single word or term on OF 11 yrs.). without more precise specification Home, who are engaged in the For persons who have no occupation If the occupation has been changed and children, not gainfully em--Coal minc, etc. Wom-Housewife, House. duties of the But in many Day

Btheement of Cause of Death—Name, first, the distance causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epicemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia")." Lobar pneumonia, Bronchopneumonia ("Pneumonia").

head of "contributory." ment of cause of death approved by Committee on quences (e. g., sepsis, tetanus) may be stated under the train—accident: Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide. The nature of the injury, as fracture of skull, and conse-Nomenclature of the American Medical Association.) as probably such, if impossible to determine definitely and qualify as accidental, suicidal, or Homicidal, or "PUERPERAL septicuemia." "PUERPERAL peritonitis." etc. diseases resulting from childbirth or miscarriage symptomatic), "Atrophy," "Collapse," "Coma," conditions, such as "Asthenia." stated unless important. Example: Measles Examples: Accidental drowning; Struck by railway State cause can be ascertained as the cause. Always qualify all "Uraemia," "Weakness." etc., when a definite disease rhage." "Inanition." "Marasmus," "Old Age," "Shock," "Dropsy." "Exhaustion," "Heart failure." "Haemorvulsions," ary), 10 ds. Never report more symptoms or causing death), 29 ds.; Bronchopneumonia Chronic interstitiul nephritis, etc. The contributory use of "Tumor" inges, peritonaeum, etc., inqualified, is indefinite); Tuberculosis of lungs, men-(secondary or intercurrent) affection need Whooping .. (name origin; "Cancer" is less definite; avoid FOR VIOLENT DEATHS STATE MEANS OF INJURY "Debility" ("Congenital," "Senile," etc.), cough; for which surgical operation was underfor malignant neoplasms); Chronic valvular heart disease; Caroinoma, Sarcoma, etc., of (Recommendations on state-"Апаетіа" terminal Mousles; (disease (merely (secondnot be "Con-

tions nonwered in detail, it will prevent further correspond ened. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

7 te 7	STATE OF MARYLAND—	CERTIFICATE OF DEATH 01705
infor- state UPA.	1. PLACE OF DEATH	159)
of International	County Sarrelt	Registration Dist. No
sho of t	Village or City Near Fungel	ND. St., War
·= (e	Length of residence in city or town where death occurredyrs,mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  death occurred in a hospital or institution, give its NAME instead of street and number)  death occurred in a hospital or institution, give its NAME instead of street and number)  death occurred in a hospital or institution, give its NAME instead of street and number)
ECORD, Every PHYSICIANS (act statement	2. FULL NAME Baky Gulgi (a) Residence: No. Hear Fiftief	lowerethand. Mf. If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E S	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, the word)	21. DATE OF DEATH  FLF 2 4 (Month) (Day) (Year)
BINDING PERMANEN EXACTL y classified.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That I attanded deceased from
A SK2	6. DATE OF BIRTH (month, day, and year) Fel 2 4 432.	last saw ham alive on / = el 24 1932 : death is sai
	7. AGE Years Months Days If LESS than I day, 4 hrs.	to have occurred on the date stated above, at 12:00 M. A
FOR IS A I stated properl	or 30 min.	The PRINCIPAL CAUSE OF DEATH and related causas of Importance were as follows:
- 70	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	( remativity
RESERVED G INK—THIS GG should be that it may be ons on back of	9. Industry or business in which work was done, as SILK MILL.	
INK—T INK—T should t it may on back	SAW MILL, BANK, etc	
RES II VGE that	this occupation (month and spent in this occupation	
2 4	12. BIRTHPLACE (city or town) Mear Lunel	Dither Contributory Causes of importance:
MARGIN I UNFADI supplied. n terms, so	(State or country) Juret & md.	
	13. NAME Melan James yetting	
MAH U Suprim te	14. BIRTHPLACE (city or town) The limited the state of country)	Name af operation
T E E		What test confirmed diagnosis? Was there an autopsy?
2 ·- g	I do a ofte Ta a At a	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?
	(State or country)	Where did Injury occur?
y Did y	17. INFDRMANT MALL TIE GALGO DE CARROLLE CONTRACTOR DE CARROLLE CONT	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
WRITE MATION SI AUSE (10N is	Place & reenwill cem Date of the 27, 1932	Natura of injury
-WRIT mation CAUSI	19. UNDERTAKER Frather July July 4 (Address) R F D 4 megisted and Par	24. Was disease or injury in any way related to occupation of deceased?
E S S S S S S S S S S S S S S S S S S S	20. FILED Fish 29, 1932 Thomas Crowz Registrar.	(Signed) Manager M. (Address) M. (Address) M.
	If more blanks are needed address State Registrary	

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I	Example I	-	Example II	
The principal cause of death and related causes Date of onset of importance were as follows.		The principal cause of death and related causes Date of importance were as follows:		
Arteriosclerosis	211. 10 11.00	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	MAR 15 1932	1921	Run over by street car	1 week ago
Corebral hemorrhage	BUREAU V.	July 5,1927	Peritonitis	3 days ago
	The second secon	Z L		
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year